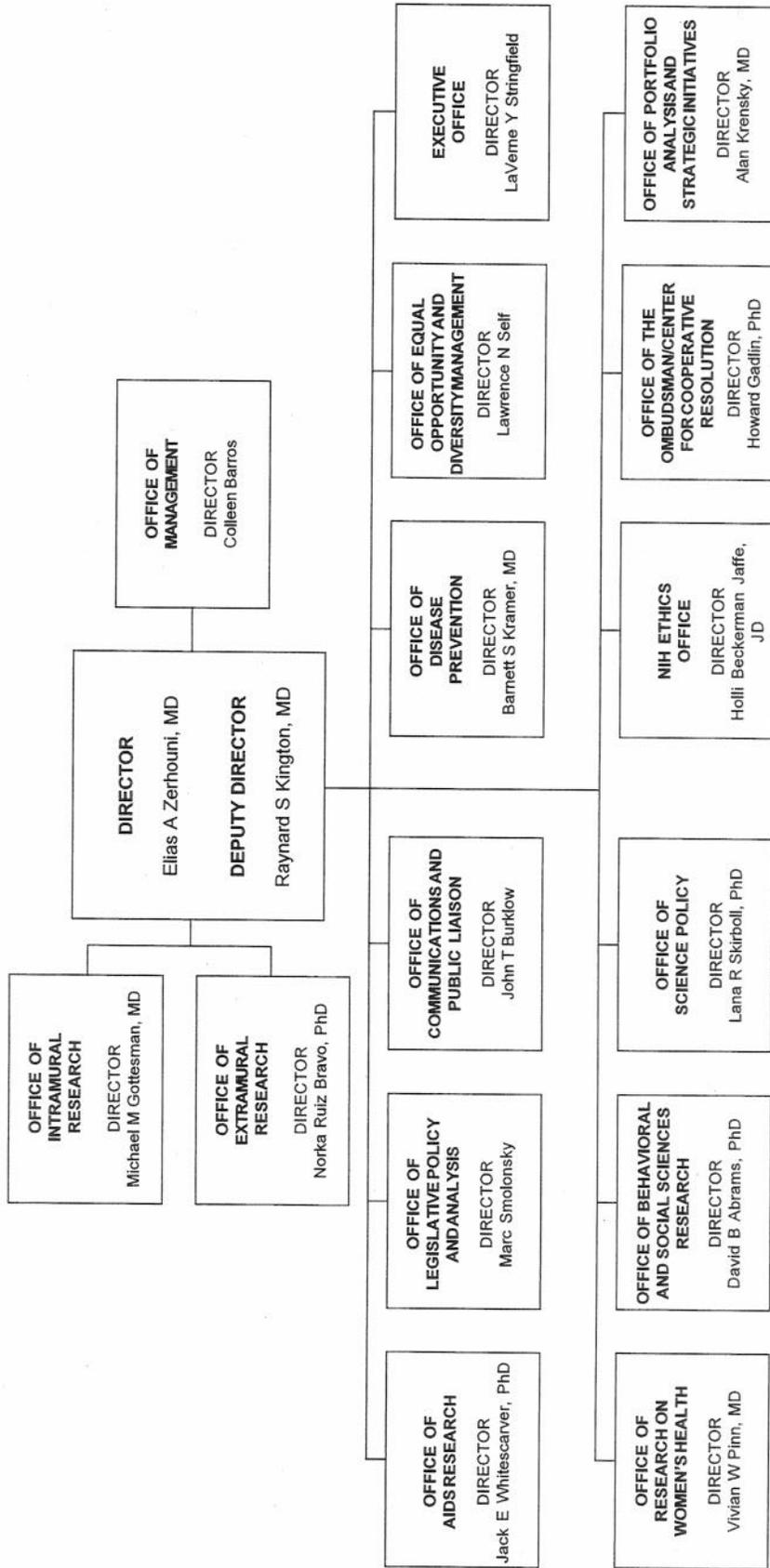


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NATIONAL INSTITUTES OF HEALTH  
Office of the Director

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# NATIONAL INSTITUTES OF HEALTH

## Office of the Director Organization Structure



**FY 2008 Proposed Appropriation Language**

**NATIONAL INSTITUTES OF HEALTH**

Office of the Director

*For carrying out the responsibilities of the Office of the Director, National Institutes of Health, \$517,062,000, of which up to \$25,000,000 shall be used to carry out section 215 of this Act: Provided, That funding shall be available for the purchase of not to exceed 29 passenger motor vehicles for replacement only: Provided further, That the National Institutes of Health is authorized to collect third party payments for the cost of clinical services that are incurred in National Institutes of Health research facilities and that such payments shall be credited to the National Institutes of Health Management Fund: Provided further, That all funds credited to such Fund shall remain available for one fiscal year after the fiscal year in which they are deposited: Provided further, That the amounts appropriated in this Act to each Institute and Center may be transferred and utilized for the National Institutes of Health Common Fund: Provided further, That the amount utilized under the preceding proviso shall not exceed \$365,000,000 without prior notification to the Committees on Appropriations of the House of Representatives and the Senate: Provided further, That the amounts transferred and utilized under the preceding two proviso shall be in addition to amounts made available for the Common Fund from the Director's Discretionary Fund and to any amounts allocated to activities related to the Common Fund through the normal research priority-setting process of individuals Institutes and Centers: Provided further, That of the funds provided \$10,000 shall be for official reception and representation expenses when specifically approved by the Director of NIH: Provided further, That the Office of the AIDS Research within the Office of the Director, NIH may spend up to \$4,000,000 to make grants for construction or renovation of facilities as provided for in section 2354(a)(5)(B) of the Public Health Service Act.*

**Supplementary Exhibit**

**Comparison of Proposed FY 2008 Appropriation Language to  
Most Recently Enacted Full-Year Appropriations**

**NATIONAL INSTITUTES OF HEALTH**

Office of the Director

For carrying out the responsibilities of the Office of the Director, National Institutes of Health, ~~[\$478,652,000]~~ **\$517,062,000**, of which up to ~~[\$10,000,000]~~ **\$25,000,000** shall be used to carry out section ~~217~~ **215** of this Act: *Provided*, That funding shall be available for the purchase of not to exceed 29 passenger motor vehicles for replacement only: *Provided further*, ~~That the Director may direct up to 1 percent of the total amount made available in this or any other Act to all National Institutes of Health appropriations to activities the Director may so designate: *Provided further*: That no such appropriation shall be decreased by more than 1 percent by an such transfers and that the Congress is promptly notified of the transfer:~~ *Provided further*, That the

National Institutes of Health is authorized to collect third party payments for the cost of clinical services that are incurred in National Institutes of Health research facilities and that such payments shall be credited to the National Institutes of Health Management Fund: *Provided further*, That all funds credited to ~~[the National Institutes of Health Management]~~ such Fund shall remain available for one fiscal year after the fiscal year in which they are deposited: ~~*Provided further*, That up to \$500,000 shall be available to carry out section 499 of the Public Health Service Act:~~ *Provided further*, That in addition to the transfer authority provided above, a ~~uniform~~ percentage of the amounts appropriated in this Act to each Institute and Center may be transferred and utilized for the National Institutes of Health ~~[Roadmap for Medical Research]~~ **Common Fund**: *Provided further*, That the amount utilized under the preceding proviso shall not exceed ~~[\$25,000,000]~~ **\$365,000,000** without priori notification to the Committees on Appropriations of the House of Representatives and the Senate: *Provided further*, That amounts transferred and utilized under the preceding two proviso shall be in addition to amounts made available for the ~~[Roadmap for Medical Research]~~ **Common Fund** from the Director's Discretionary funds and to any amounts allocated to activities related to the ~~Roadmap~~ Common Fund through the normal research priority-setting process of individuals Institutes and Centers: *Provided further*, That of the funds provided \$10,000 shall be for official reception and representation expenses when specifically approved by the Director of NIH: *Provided further*, That the Office of the AIDS Research within the Office of the Director, NIH may spend up to \$4,000,000 to make grants for construction or renovation of facilities as provided for in section 2354(a)(5)(B) of the Public Health Service Act. ~~*Provided further*, That of the funds provided \$97,000,000 shall be for expenses necessary to support activities related to countering potential nuclear, radiological and chemical threats to civilian populations:~~

NATIONAL INSTITUTES OF HEALTH

Office of the Director

Language Analysis

Language Provision	Explanation
<p>...of which up to [<del>\$10,000,000</del>]  <b>\$25,000,000</b> shall be used to carry out                      section <del>217</del> <b>215</b> of this Act.</p>	<p>Language continues to allow the NIH to use other transaction authority in support of special NIH projects and reflects the program increase in FY 2008.</p>
<p><del>Provided further, That the Director may direct up to 1 percent of the total amount made available in this or any other Act to all National Institutes of Health appropriations to activities the Director may so designate: Provided further: That no such appropriation shall be decreased by more than 1 percent by an such transfers and that the Congress is promptly notified of the transfer:</del></p>	<p>Authority to transfer funds is provided through the newly- enacted NIH reauthorization bill, P.L. 109-482. No additional authorization is required in the appropriations bill.</p>
<p><del>Provided further, That up to \$500,000 shall be available to carry out section 499 of the Public Health Service Act:</del></p>	<p>Authority to support the Foundation for the NIH is provided through the newly-enacted NIH reauthorization bill, P.L. 109-482. No additional authorization is required in the appropriation bill</p>
<p><del>Provided further, That of the funds provided [<del>\$97,000,000</del>] \$96,030,000 shall be for expenses necessary to support activities related to countering potential nuclear, radiological and chemical threats to civilian populations:</del></p>	<p>Funds in the amount of \$95,310,000 are included in the budget request; it is not necessary to earmark these funds in an appropriation bill.</p>

**National Institutes of Health  
Office of the Director**

**Amounts Available for Obligation 1/**

Source of Funding	FY 2006	FY 2007	FY 2008
	Actual	Continuing Resolution	Estimate
Appropriation	\$482,895,000	\$478,066,000	\$517,062,000
Enacted Rescissions	-4,829,000	0	0
Subtotal, Adjusted Appropriation	478,066,000	478,066,000	517,062,000
Real Transfer under Roadmap Authority	-247,292,000	0	0
Real Transfer under Secretary's One-percent transfer authority	-328,000	0	0
Comparative transfer from OD for NIH Roadmap	247,292,000	0	0
Comparative Transfer to NIBIB	-58,000	-59,000	0
Comparative transfer to OD	641,000	669,000	0
Comparative Transfer to NCRR	-12,000	-24,000	0
Comparative Transfers to the Office of the Assistant Secretary for Admin. And Mgmt. and to the Office of the Assistant Secretary for Public Affairs	-2,000	-2,000	0
Subtotal, adjusted budget authority	478,307,000	478,650,000	517,062,000
	478,307,000	478,650,000	517,062,000
Unobligated balance lapsing	-199,000	0	0
Total obligations	478,108,000	478,650,000	517,062,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:

FY 2006 - \$628,045,000    FY 2007 - \$629,000,000    FY 2008 - \$635,127,000.

NATIONAL INSTITUTES OF HEALTH

Office of the Director

Budget Mechanism

	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
OD Operations	\$106,120,000	\$106,144,000	\$107,471,000
Director's Discretionary Fund	9,900,000	9,900,000	10,000,000
Director's Discretionary Fund/Roadmap	82,095,000	82,170,000	121,540,000
Office of AIDS Research	60,235,000	60,290,000	58,290,000
Office of Science Education	3,834,000	3,838,000	3,810,000
Office of Research on Women's Health	40,900,000	40,934,000	40,642,000
Office of Loan Repayment and Scholarship	7,132,000	7,138,000	7,087,000
Office of Rare Diseases	15,529,000	15,542,000	15,431,000
Office of Dietary Supplements	26,775,000	26,797,000	26,606,000
Office of Behavioral & Social Sciences Research	26,089,000	26,111,000	25,925,000
Office of Portfolio Analysis & Strategic Initiatives	3,261,000	3,261,000	4,450,000
Foundation for the National Institutes of Health	495,000	495,000	500,000
Nuclear/Rad Chemical Countermeasures	95,942,000	96,030,000	95,310,000
<b>Total</b>	<b>478,307,000</b>	<b>478,650,000</b>	<b>517,062,000</b>

NATIONAL INSTITUTES OF HEALTH

Office of the Director

Budget Mechanism

	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
<u>Research Grants:</u>			
Research Projects	\$165,232	\$172,445	\$186,801
Research Centers	10,955	11,500	15,000
Other Research	129	0	0
<b>Total, Research Grants</b>	<b>176,316</b>	<b>183,945</b>	<b>201,801</b>
Training	17,521	20,000	20,000
R&D Contracts	57,871	55,000	60,000
Intramural Research	39,187	37,650	45,500
Res. Mgmt. and Support	81,290	75,911	82,290
Cancer Control			
Construction			
<b>Total</b>	<b>195,869</b>	<b>188,561</b>	<b>207,790</b>
OD Operations	106,122	106,144	107,471
<b>Total , OD</b>	<b>478,307</b>	<b>478,650</b>	<b>517,062</b>

NATIONAL INSTITUTES OF HEALTH

Office of the Director

Budget Authority by Program

(Dollars in thousands)

	FY 2004 Actual FTEs Amount	FY 2005 Actual FTEs Amount	FY 2006 Actual FTEs Amount	FY 2006 Comparable FTEs Amount	FY 2007 Continuing Res. FTEs Amount	FY 2008 Estimate FTEs Amount	Change FTEs Amount
Res. management & support	561 \$327,089	511 \$405,067	574 \$724,831	578 \$478,307	630 \$478,650	638 \$517,062	8 \$38,412
<b>TOTAL</b>	<b>561 327,089</b>	<b>511 405,067</b>	<b>574 724,831</b>	<b>578 478,307</b>	<b>630 478,650</b>	<b>638 517,062</b>	<b>8 38,412</b>

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

## Major Changes in the Fiscal Year 2008 Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail and these highlights will not sum to the total change for the FY 2008 budget request for OD, which is \$38.412 million over the FY 2007 Estimate, for a total of \$517.062 million.

Office of Portfolio Analysis and Strategic Initiatives (+\$1.189 million; total \$4.450 million): OD will increase activities of the Division of Evaluation and Systematic Assessments through the establishment of an In-house Studies team; will expand the capability to evaluate trans-NIH or multi-IC programs; and will support a database of Public Health Burden analyses in FY 2008.

Common Fund (+\$39.370 million; total \$121.540 million): The OD will provide Roadmap and future comparable trans-NIH initiatives with resources to address trans-NIH research priorities, and help fill knowledge gaps in FY 2008.

Director's Discretionary Fund (+\$.100 million; total \$10.000 million): The OD will continue fund high-priority research opportunities and health priorities in FY 2008.

OD Operations (+1.327 million; total \$107.471 million): The OD will support the establishment of the OD Crisis Management Center, expansion of the Risk Management and Internal Controls Program, the Information Technology (IT) Asset Lifecycle Management Program and replacement of the OD IT Infrastructure in FY 2008.

**NATIONAL INSTITUTES OF HEALTH**  
**Office of the Director**  
**Summary of Changes**

FY 2007 Continuing Resolution		\$478,650,000	
FY 2008 Estimated Budget Authority		517,062,000	
Net change		38,412,000	
CHANGES	FY 2007		
	Estimate Base	Change from Base	
	Budget	Budget	
	FTEs	FTEs	Budget
	Authority	Authority	Authority
A. Built-in:			
1. Intramural research:			
a. Annualization of January			
		\$0	\$0
		0	0
		0	0
		0	0
		0	0
		0	0
Subtotal			
			0
2. Research Management and Support:			
a. Annualization of January			
		\$77,760,000	\$505,000
		77,760,000	1,561,000
		77,760,000	603,000
		0	0
		0	0
		100,745,000	2,015,000
Subtotal			
			4,684,000
Subtotal, Built-in			
			4,684,000

**NATIONAL INSTITUTES OF HEALTH**  
**Office of the Director**

**Summary of Changes--continued**

CHANGES	FY 2007 Estimate Base		Change from Base	
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	0	\$202,475,000	0	-\$2,400,000
b. Competing	0	0	0	0
c. SBIR/STTR	0	0	0	0
Total	0	202,475,000	0	-2,400,000
2. Research centers	0	0	0	0
3. Other research	0	0	0	0
4. Research training	0	0	0	0
5. Research and development contracts	0	15,500,000	0	-1,000,000
Subtotal, extramural				-3,400,000
6. Intramural research	<u>FTEs</u>		<u>FTEs</u>	
	0	0	0	0
7. Research management and support	621	77,760,000	7	717,000
8. Intramural, RMS, and Operations	0	0	0	-2,959,000
9. Construction		0		0
10. Buildings and Facilities		0		0
11. NIH Roadmap for Medical Research	9	82,170,000	1	39,370,000
Subtotal, program		377,905,000		33,728,000
Total changes	630		8	38,412,000

## Justification

### Office of the Director

Authorizing Legislation: Section 301 of the Public Health Service Act, as amended.

Budget Authority:

<u>FTEs</u>	FY 2006	FY 2007		FY 2008		Increase or	
	Actual	Continuing Resolution		Estimate		Decrease	
	<u>BA</u>	<u>FTEs</u>	<u>BA</u>	<u>FTEs</u>	<u>BA</u>	<u>FTEs</u>	<u>BA</u>
578	\$478,307,000	630	\$478,650,000	638	\$517,062,000	8	\$38,412,000

This document provides justification for the Fiscal Year (FY) 2008 activities of the Office the Director (OD), including HIV/AIDS activities. Details of the FY 2008 HIV/AIDS activities are in the "Office of AIDS Research (OAR)" section of the Overview. Details on the Roadmap/Common Fund are located in the Overview, Volume One. This document does not reflect organizational changes by the recently passed NIH Reform Act of 2006.

### DIRECTOR'S OVERVIEW

The Office of the Director (OD) provides leadership, coordination, guidance in the formulation of policy and procedures related to biomedical research and research training programs. The OD centrally coordinates NIH's science policy and related social, ethical, and legal issues; technology transfer and intellectual property protection policies; health information dissemination and education functions; legislative activities; oversight of the agency's stewardship of public funds and extramural and intramural research activities. Peer review processes are bolstered to provide oversight of grant and contract award functions, for both extramural and intramural research. Health information is communicated to the public and technology transfer is coordinated with the private sector.

The OD provides critical management and the prioritizing and allocating of funds, administrative services including budget and financial management, human resources, extramural support, property, ethics, procurement, information technology, and administration of equal employment practices. The OD has consolidated and centralized many of these management and administrative services to create more efficiencies and better utilize its resources.

In addition to providing these critical management activities, OD assists the Institutes/Centers (IC) with managing complex scientific portfolios, with identifying areas of emerging research opportunities or public health challenges, and formulating trans-NIH strategic initiatives. To

carry out these initiatives, the Office of Portfolio Analysis and Strategic Initiatives (OPASI) was established in 2006. OPASI provides tools and methodologies to facilitate planning investments in these initiatives, and has developed an improved process for collecting IC data on expenditures for various diseases and conditions, research fields, and burden of illness data. The Office plans and coordinates program and project evaluations, and supports the integration of scientific information used to inform strategic planning and the setting of research priorities. The creation of OPASI has contributed to a more effective and streamlined decision support system for NIH portfolio review, analysis, and control, and complete electronic grants management.

The OD encourages and fosters NIH research and research training efforts in the prevention and treatment of disease through program coordination offices that complement the efforts of the NIH ICs. These offices focus on Acquired Immune Deficiency Syndrome (AIDS); women's health; disease prevention; science education; dietary supplements; rare diseases and disorders; and behavioral and social sciences research. While the OD provides the overall direction, coordination and oversight of these programs, the ICs manage the actual research operations.

Established in 2006 under the auspices of the Roadmap for Medical Research, the Public Private Partnership Program's mission is to promote and facilitate new and ongoing partnerships between NIH, private industry and nonprofit organizations. The program serves as a resource to NIH staff and coordinates the sharing of best practices across the NIH. Program staff work with the NIH ICs to review existing partnership mechanisms, provide recommendation for policies, and serve as a point of contact for entities wishing to partner with NIH.

The OD plays a pivotal role in clinical research at the NIH. Clinical research is one of the nation's most vital undertakings, leading to improved medical care; new diagnostic, preventative, and therapeutic methods; and improved quality of life for patients and their families. As a part of the NIH Roadmap, the Clinical Research Policy Analysis and Coordination (CRpac) program was established to serve as a focal point for the ongoing coordination, streamlining, and optimization of policies and requirements concerning the conduct and oversight of clinical research. The CRpac program reflects the focus and concern directed to these matters by the NIH as the lead Federal agency supporting clinical research, to promote the efficiency and effectiveness of the clinical research enterprise, uphold the highest standards of human subject protections, and promote public trust. Efforts include harmonizing policies and reporting requirements among Federal research and regulatory agencies, developing standards for electronic submissions of adverse events, and reconciling various requirements for auditing and monitoring clinical trials.

## **JUSTIFICATION OF THE FY 2008 BUDGET BY ACTIVITY DETAIL**

**Office of AIDS Research:** The NIH Office of AIDS Research (OAR) coordinates the scientific, budgetary, legislative, and policy elements of the NIH AIDS research. OAR has established unique comprehensive trans-NIH planning, portfolio analysis, and budgeting processes. Through these processes, OAR is enhancing collaboration, minimizing duplication, and ensuring that research dollars are invested in the highest priority areas of scientific opportunity that will lead to new tools in the global fight against AIDS. The FY 2008 budget, and a description of the

trans-NIH planning, portfolio analysis, and budget development processes, are included in the OAR trans-NIH budget justification for AIDS research. This information appears under a separate tab in Volume I of this Congressional Justification. OAR supports Coordinating Committees for each research discipline of AIDS research. These committees allow OAR to stay abreast of the scientific programs across the NIH, to foster collaboration and coordination, and to develop the annual trans-NIH plan and budget. During the course of the year, OAR also identifies scientific areas that require focused attention and facilitates multi-institute activities to address those needs. OAR fosters these efforts by designating resources to jump-start program areas through funds and grant supplements to the Institutes and Centers; establishing working groups or committees; sponsoring workshops or conferences to highlight a particular research topic; and sponsoring reviews or evaluations of research program areas.

Budget Policy: The FY 2008 budget estimate for the OAR is \$58.290 million, a decrease of \$2 million or 3.3 percent from the FY 2007 estimate. The program plans for FY 2008, along with expected accomplishments are as follows: OAR will place priority on initiatives to enhance prevention research with a specific emphasis on microbicide research. OAR will: provide support for the administration of a new Microbicide Research Working Group, a panel of outside experts to provide guidance to OAR, NIAID, NIH, and other entities in this critical area; continue to provide support to the Intramural AIDS Targeted Antiviral Program and the NIH AIDS Research Loan Repayment Program; continue to support the Bench-to-Bedside research initiatives of the Clinical Center; continue to support a number of initiatives to enhance dissemination of research findings, including sponsorship of the scientific panels that develop the AIDS treatment guidelines, and the distribution of those guidelines through AIDS info, a web-based service to provide up-to-date information for caregivers and patients about AIDS treatment and prevention; and continue to provide support for international research initiatives and infrastructure development and capacity building, including support for the implementation of the new Joint Statement between the U.S. Department of Health and Human Services and the Ministry of Health and Family Welfare of the Republic of India on Collaboration on Prevention of Sexually Transmitted Diseases and HIV/AIDS. OAR will provide decreased funding in support of IC requests for supplements to HIV therapeutics research grants and will decrease the size and number of planning groups and scientific workshops.

**Office of Research on Women's Health (ORWH):** This Office is the focal point for research and related programs on women's health and sex/gender differences in health and disease. This Office (a) advises the NIH Director on matters relating to research on women's health; (b) strengthens and enhances research related to diseases, disorders, and conditions that affect women; (c) ensures that research conducted and supported by NIH adequately addresses issues regarding women's health; (d) ensures that women are appropriately represented in biomedical and biobehavioral research studies supported by NIH; (e) develops opportunities for and supports recruitment, retention, re-entry, and advancement of women in biomedical careers; and (f) supports research on women's health issues. ORWH works in partnership with the NIH Institutes and Centers (ICs) to ensure that women's health research is part of the scientific framework at NIH and throughout the scientific community.

Budget Policy: The FY 2008 budget estimate for the ORWH is \$40.642 million, a decrease of \$.292 million or .7 percent from the FY 2007 estimate. The program plans for FY 2008, along

with expected accomplishments are as follows: ORWH will endeavor to implement, within budgetary constraints, major efforts related to both women's health interdisciplinary research and career development for women and men. ORWH will encourage and support studies for prevention and treatment of diseases affecting women in areas such as obstetric pharmacology, fibroids, and alternatives to hysterectomy. Obstetric pharmacology is an increasingly important research area since nearly two thirds of all pregnant women take at least four drugs during pregnancy and labor. More research on prevention of fibroids is necessary since the natural history and epidemiology of fibroids are just beginning to become clear. Safe alternatives to hysterectomy are emerging and ORWH will support research in this area. ORWH will also encourage and support studies for prevention and treatment of diseases that affect women and men differently, such as diabetes, bone and joint diseases, heart disease, stroke, and obesity. Chronic Fatigue Syndrome (CFS), a complex, multi-system disorder will be studied by ORWH in concert with Trans-NIH Working Group for Research on CFS to explore both gender and racial differences in the diagnosis and treatment of CFS. The ORWH will design and implement career development initiatives for women and men based upon recommendations derived from a trans-NIH Working Group committee convened in 2007 in response to the National Academies Report, *Beyond Bias and Barriers – Fulfilling the Potential of Women in Academic Science and Engineering*. In FY 2008, a separate ORWH task force composed of respected scientists from around the nation will be considering issues related to the advancement of both women's and men's research careers.

**Portrait of a Program: Building Interdisciplinary Research Careers in Women's Health (BIRCWH)**

FY 2007 Level: \$10,000,000

FY 2008 Level: \$10,000,000

The scale and complexity of biomedical research today increasingly demands that scientists move beyond the confines of their own discipline and explore new organizational models for team science. The Building Interdisciplinary Research careers in Women's Health (BIRCWH) programs, which began in 2000, recognizes the need for mentored career development in interdisciplinary research in basic, clinical, translational behavioral, or health services research relevant to women's health. BIRCWH promotes the mentoring of junior faculty by established investigators who have a commitment to fostering interdisciplinary approaches to research in women's health and sex and gender factors. The BIRCWH Scholars learn not only research techniques, but also the skills to become independent investigators and mentors.

The contributions of this program go beyond just career development in that research efforts go from theoretical concepts to clinical applications, thereby making a difference in the health of women. Expansion of the BIRCWH program to include more centers is not possible within current budgetary limitations.

The fourth round of the BIRCWH program was funded in 2007. This program has developed a cadre of more than 300 scholars who are now skilled researchers with an interdisciplinary team approach to science, providing a foundation for improved sex and gender appropriate healthcare. This program has produced valuable outcomes of importance for health care delivery. An example is research that has demonstrated the relationship between fibroid size and risks of pregnancy, resulting in new and innovative approaches to managing women with fibroids during pregnancy. Other studies have demonstrated differences for men and women in successful interventions for substance abuse. Another example is research that has demonstrated the benefits of exercise for women who suffer from depression. Many other studies are coming to conclusion and are enriching the literature with useful information for medical care of both women and men.

**Office of Behavioral and Social Sciences Research (OBSSR):** This Office furthers the mission of NIH by emphasizing the critical role that behavioral and social factors play in health, health care and well-being. OBSSR serves as the focal point for coordination and development of NIH policies, goals, and objectives in the behavioral and social sciences at NIH. OBSSR is also a liaison between the NIH intramural and extramural communities, other Federal agencies, academic and scientific societies, national voluntary health agencies, the biomedical research community, the media, and the general public on matters pertaining to behavioral and social sciences research. OBSSR's vision is to bring together the biomedical, behavioral, and social science communities to work more collaboratively to solve the pressing health challenges facing our nation. OBSSR's plan includes facilitating: (a) the next generation of basic behavioral and social science research; (b) trans-disciplinary "team science" that integrates biomedical, behavioral and social-ecological perspectives; (c) research that integrates the systems and multiple levels of analysis – from cells to society – required to understand and model how individual, group, societal and contextual factors interact; and (d) the translation, implementation, dissemination and maintenance of best practices to strengthen the science of dissemination, put what is known into widespread practice, reduce the burden of chronic disease and help eliminate inequities in health and health care.

Budget Policy: The FY 2008 budget estimate for the OBSSR is \$25.925 million, a decrease of \$.186 million or .7 percent from the FY 2007 estimate. The program plans for FY 2008, along with expected accomplishments are as follows: OBSSR will work with ICs to initiate two new programs in 2008: 1) Behavioral and Social Science Contributions to Understanding and Reducing Health Disparities, which will support trans-disciplinary research, involving teams of behavioral, social, and biomedical scientists, on prevention, policy, and healthcare, three broad areas of action influencing health disparities (see Portrait below); 2) Genes, Behavior and the Social Environment, which will support collaborative research by social, behavioral and genetics scientists to elucidate how interactions among social, behavioral and genetic factors influence health. Reducing health disparities is a high priority area and in order to support these new initiative, OBSSR will not reissue in FY 2008 the funding opportunity announcement to support research on the Maintenance of Long Term Behavioral Change. Further, the office will reduce support for the National Longitudinal Study of Adolescent Health. OBSSR will also continue its research programs on Mind-Body Interactions and Health to advance the interdisciplinary understanding of the processes underlying mind-body interactions and the application of such basic knowledge to interventions and clinical practice in the prevention or treatment of disease and disabilities. OBSSR will also continue to support Career Development Awards to enhance medical education through the development of curricula and education designed to increase medical students' knowledge and skills in the behavioral and social sciences related to health. OBSSR will continue its support of programs in community-based, participatory research, in health literacy research and its participation in the NIH Neuroscience Blueprint, a collaborative effort with 15 ICs to develop research and training resources that will benefit the entire neuroscience community. The Office will offer its annual summer training institutes (Randomized Clinical Trials involving Behavioral Interventions; Research on Social Work Interventions and Health) and add new ones in Genetics Training for Behavioral and Social Scientists and in Systems Methodology for Health Research.

**Portrait of a Program: Behavioral and Social Science Contributions to Understanding and Reducing Health Disparities**

FY 2008 Level: \$3,000,000

In collaboration with multiple ICs, OBSSR will issue new Funding Opportunity Announcements (FOAs) to foster trans-disciplinary research, involving teams of behavioral, social, and biomedical scientists, on three broad areas of action influencing health disparities: policy, prevention, and healthcare. The FOAs will emphasize both basic research on the behavioral, social, and biomedical pathways giving rise to disparities in health and applied research on the development, testing, and delivery of interventions to reduce disparities in these three action areas. In order to move beyond current approaches, applicants will be required to employ multi-level analytic frameworks (i.e., frameworks that encompass the range from individuals to societies) with emphasis upon system analytic approaches to integrating understandings across multiple levels of causation. Research on a wide range of population groups (e.g., variation by SES, race, ethnicity, gender) residing in the United States will be encouraged. Consideration will be given to multiple public health issues and their interactions (e.g., multiple morbidities rather than single illnesses) and to risk factors or causal processes common to various health conditions (e.g., smoking, diet, exercise, and access to health care) across the life course. For the purposes of this new initiative, we are defining these action areas as:

**Policy:** The means employed by governments and other institutions to influence the function and well-being of individuals, groups, communities, and society as a whole.

**Prevention:** Interventions at the individual, group or community level to provide targeted audiences the knowledge and skills to avert or minimize health risks.

**Health Care:** The timely delivery of care and/or medical services by general or specialty providers to persons in need for the purpose of diagnosis, assessment, or treatment in order to improve or protect health status.

**Office of Dietary Supplements (ODS):** This Office contributes to maintaining optimal health and reducing the risk of chronic disease. However, while the safety and effectiveness of some of these products have been examined, research on the majority of dietary supplements in today's marketplace is incomplete. It is therefore important to further assess their benefits and risks. The mission of ODS is to strengthen knowledge and understanding of dietary supplements by evaluating scientific information, stimulating and supporting research, disseminating research results, and educating the public to foster an enhanced quality of life and health for the U.S. population.

**Budget Policy:** The FY 2008 budget estimate for the ODS is \$26.606 million, a decrease of \$.191 million or .7 percent from the FY 2007 estimate. The program plans for FY 2008, along with expected accomplishments are as follows:

- **Evidence-Based Review Program:** By coordinating systematic reviews of the scientific evidence on the effectiveness and safety of dietary supplements, this program identifies research needs that assist ODS in prioritizing its research activities. Specifically, the program will provide information on which NIH research agenda for vitamin D will be based.
- **Grants and Extramural Activities Program:** ODS will continue to co-fund with NIH ICs the spectrum of research on dietary supplements ranging from in vitro laboratory and animal experiments to human studies and clinical trials as well as develop innovative research approaches and techniques. It will also work to create opportunities for dietary supplement and nutrition-related research training and career development for young

investigators. The total amount of the ODS budget used to fund these activities will decrease, but the proportion will remain the same.

- The NIH Botanical Research Centers Program will expand its collaborations with the Analytical Methods and Reference Material (AMRM) program (see Portrait below) to increase the number of dietary supplement ingredients for which analytical methods and standardized reference materials are developed. These collaborations will facilitate the sharing of expertise and knowledge.
- Dietary Supplement Databases: ODS will continue to develop and refine the Congressionally-mandated database of dietary supplement labels and a database developed jointly with U.S. Department of Agriculture (USDA) of ingredients in dietary supplements. Both will be important tools in assessing dietary supplement intake in the U.S. population, which ODS undertakes in collaboration with Centers for Disease Control (CDC).

**Portrait of a Program: Analytical Methods and Reference Materials**

FY 2007 Level: \$2,000,000

FY 2008 Level: \$2,000,000

Dietary supplement labels are required to list certain facts about product identity and content and to be truthful and not misleading. For example, a dietary supplement that boasts “500 mg of vitamin C from rosehips per tablet” on its label should reasonably be expected to contain both 500 mg of vitamin C and rosehips. That this is not always the case is due in part to the dearth of proven and agreed-upon methods to precisely assess the quantity of constituents of many supplements and supplement ingredients. ODS’s Congressionally-mandated Analytical Methods and Reference Materials Program (AMRM) is intended to assist in providing these critical tools for quality assurance. AMRM develops, validates, and disseminates analytical methods and reference materials for commonly used dietary supplement ingredients, such as vitamin D and ginkgo.

An external panel of experts recently reviewed the activities and accomplishments of AMRM over its first five years of operation. The panel found that AMRM had substantially raised the awareness of the need for better quality-control measures within the dietary supplement community and provided crucial research funding for the development, validation, and dissemination of reference materials and analytical methods.

AMRM will help to improve supplement quality by filling the toolbox needed by industry, regulators, and researchers who need the basic tools for assessing the composition (i.e. quality) of health-promoting ingredients in dietary supplements.

**Office of Rare Diseases (ORD):** A rare disease is a disease or condition affecting fewer than 200,000 persons in the United States. An estimated 25 million people in the United States have a rare disease. The ORD mission is to stimulate, coordinate, and support research on rare diseases to respond to the needs of patients and their families who suffer from more than 6,000 rare diseases known today.

**Budget Policy:** The FY 2008 budget estimate for the ORD is \$15.431 million, a decrease of \$.111 million or .7 percent from the FY 2007 estimate. The program plans for FY 2008, along with expected accomplishments are as follows: The FY 2008 funding will be used for activities including the Rare Diseases Clinical Research Network. The network supports more than 70 sites across the United States and works with 30 patient support organizations on research for almost 50 rare diseases. Another project will be continuation of the Collaboration, Education,

and Test Translation (CETT) Pilot Project which ORD developed to make available to patients genetic tests from CLIA-certified laboratories. ORD also exclusively supports Angel Flight America at NIH, a satellite project of Angel Flight-Mercy Medical Airlift. The project purpose is to facilitate patient recruitment and access to clinical research projects and to help patients with a variety of rare diseases to be evaluated and if possible enrolled in protocols, by providing transportation free of charge to the NIH Clinical Center (CC) and other select research sites. ORD will also continue sponsoring with NIH ICs a number of research activities including program announcements to improve treatment outcomes for lysosomal storage disorders (LSDs) and the planning of phase III clinical trials. ORD supports its Rare Diseases Intramural Research Program which is a collaborative effort with the National Human Genome Research Institute (NHGRI) at the NIH CC. ORD in collaboration with the Trans-NIH Rare Diseases Working Group is also developing an approach to the issue of seemingly undiagnosable rare diseases. ORD will continue to co-fund with NIH ICs at least eight new Bench-to-Bedside awards and fund eight research projects in their second year. ORD plans to co-fund approximately 65 scientific conferences in FY 2007 and approximately 60 in FY 2008. The ORD supports with the NHGRI, the Genetic and Rare Diseases Information Center (GARD). In addition, ORD is developing with the RAND Corporation a Web-based, publicly accessible database of repositories of human bio-specimens for research on rare and common diseases. The database will provide information on national and international repositories and respond to issues in bio-specimen collection, storage, and delivery that impede research. Finally, upon Congressional request, a report will be completed on amyloidosis that includes the findings of several scientific conferences and workshops. The content of the report will be shared with and discussed by the participants of the NIH co-funded "*XI<sup>th</sup> International Symposium on Amyloidosis*". Findings and recommendations from these conferences will be provided to the appropriate committees in the House of Representatives and the Senate.

**Office of Science Education (OSE):** The Office of Science Policy (OSP), through its OSE, coordinates science education activities at the NIH and develops model science education programs. OSE works to advance the NIH mission by: creating programs to improve science education in schools; creating programs to advance public understanding of medical science, research and careers; promoting NIH educational resources and programs; and advising NIH leadership about science education issues. The majority of OSE programs are targeted to K-12 science teachers. Additional programs and resources target the public, including middle school and high school students, underserved communities, women, and minorities.

**Budget Policy:** The FY 2008 budget estimate for the OSE is \$3.810 million, a decrease of \$.28 million or .7 percent from the FY 2007 estimate. The program plans for FY 2008, along with expected accomplishments are as follows: OSE projections for the FY 2008 budget are based on the maintenance, updating, and continuation of all current projects. OSE will also continue to ensure that rigorous evaluations be performed on the effectiveness of science, technology, engineering, and math (STEM) education programs and practices consistent with the goals of the Academic Competitiveness Council (ACC). The goals of the evaluations are to obtain a better understanding of how K-12 science teachers use the NIH Curriculum Supplements and other OSE resources in the classroom and to acquire further data on the effectiveness of the curricula

on improving student achievement. Evaluation methods will include randomized controlled trials, where feasible, and well-matched comparison-group studies. In addition, OSE will assist NIH ICs in planning evaluations of their K-12 education materials.

**Loan Repayment Programs:** The mission of the Intramural Loan Repayment Programs is to use loan repayment as an economic incentive to attract highly qualified physicians, nurses, and scientists into careers in biomedical and clinical research as employees of the NIH. The NIH Undergraduate Scholarship Program (UGSP) offers competitive scholarships to exceptional students from disadvantage backgrounds who are committed to biomedical, behavioral, and social science research careers at the NIH. Similarly, the mission of the AIDS Research Loan Repayment Program is to use loan repayment as an economic incentive to attract highly qualified physicians, nurses, and scientists into careers in HIV/AIDS research as employees of the NIH.

**Budget Policy:** The FY 2008 budget estimate for the Loan Repayment and Scholarship Program is \$7.087 million, a decrease of \$.51 million or .7 percent from the FY 2007 estimate. The program plans for FY 2008, along with expected accomplishments are as follows: Funding for FY 2008 is projected to be used to award the following loan repayment contracts and scholarships: NIH Clinical Loan Repayment Program – 7 awards; NIH General Loan Repayment Program – 80 awards; and NIH Undergraduate Scholarship Program – 20 awards. FY 2008 funding for the AIDS Research Loan Repayment Program is \$.610 million and is projected to support 11 awards.

**Office of Portfolio Analysis and Strategic Initiatives (OPASI):** The overarching goal of the Office is to support the ICs in their collaborative efforts. OPASI accomplishes its mission through the efforts of three Divisions: the Division of Resource Development and Analysis, the Division of Strategic Coordination, and the Division of Evaluation and Systemic Assessments. These divisions operate in a cycle that includes analyzing the existing NIH research portfolio, working with ICs to plan and manage new research initiatives via the Common Fund, and providing evaluation support to the ICs so that future programs can be improved. The NIH has established a Council of Councils (CoC) to give advice on selected OPASI activities. The CoC is composed of scientific and lay council members from the IC Advisory Councils and the NIH Council of Public Representatives who simultaneously serve on the CoC and their home councils.

- *Division of Resource Development and Analysis:* This Division develops Portfolio Online Reporting Tools (PORTs) and resources that can be used within OPASI and in the ICs to monitor and report on spending in specific areas; performs portfolio analyses, particularly with respect to scientific areas in which multiple ICs are active; collects, distributes, and analyzes data on public health burden of disease as well as the impact of research on disease burden. One portfolio analysis tool being developed by this division, called PORT for RCDC (Research, Condition and Disease Categorization, formerly known as the Knowledge Management and Disease Coding (KMDC)) system is a state of the art budget reporting tool that streamlines the process of identifying grants that are relevant to particular diseases, conditions, or scientific topics. The tool will be used initially in FY 2008 to report on spending through NIH intramural and extramural research grants and contracts. RCDC will begin populating the data for the 5-year table

(found at: <http://www.nih.gov/news/fundingresearchareas.htm>). The tool will replace the methodology currently used by the NIH for reporting “Estimates of Funding for Various Diseases, Conditions, Research Areas.” Its use as a portfolio analysis tool for planning purposes will also expand beyond OPASI to the ICs in FY 2008 via increased communication and training.

- *Division of Strategic Coordination:* This Division works closely with the ICs to manage the Common Fund, which funds the NIH Roadmap. Each IC contributes a percentage of its appropriation to this fund with the purpose of stimulating research in cross-cutting areas. Since many cross-cutting areas are funded through IC collaborations outside the context of the Common Fund, special criteria have been established for Roadmap initiatives. New initiatives to be funded in FY 2008 must be expected to transform the way research is conducted, either by developing tools/technologies that will dramatically affect research practices or by addressing fundamental knowledge gaps that, when filled, will provide new scientific paradigms. Extensive input from scientific, lay, and patient communities provided over 200 ideas for the FY 2008 cohort of Roadmap initiatives. OPASI has worked closely with ICs to determine the responsiveness of these ideas to the Roadmap criteria and to prioritize the ideas based in part on analysis of current funding in these areas using the PORT tool. Those areas not selected for Roadmap emphasis may be addressed through multi-IC collaborations outside the scope of OPASI management. The list of topics to be addressed through use of the Common Fund will be posted on the NIH website by Summer/Fall 2007, after concepts for specific initiatives have been developed with input from the Council of Councils.
- *Division of Evaluation and Systemic Assessments:* This Division manages the PHS Evaluation Set-Aside funds and works with ICs to develop evaluation plans for their programs. In addition, the Division provides expertise for the evaluation of multi-IC-supported programs, including those that are supported via the Common Fund. This Division also manages the coordinated development and submission of Systemic Assessment documents in response to the Government Performance Results Act (GPRA) and the Office of Management and Budget’s Performance Assessment Rating Tool (PART).

Budget Policy: The FY 2008 budget estimate for the OPASI is \$4.450 million, an increase of \$1.189 million or 3.6 percent from the FY 2007 estimate. The program plans for FY 2008, along with expected accomplishments are as follows: The increase will support additional interactions between the Division of Resource Development and Analysis and the ICs, enabling increased portfolio analysis and planning within and across the ICs. In addition, this division’s role in maintaining a database of Public Health Burden analyses will be supported. The increase will also support increased activities of the Division of Evaluation and Systemic Assessments through the establishment of an In-house Studies team. This will expand the capability to evaluate trans-NIH or multi-IC programs. These activities will be accomplished through the addition of FTEs. The precise allocation of additional FTEs to these activities as well as possible increased activities within the Division of Strategic Coordination to enhance the ability of the office to coordinate research funding across the ICs, will depend on the plan for implementation of the 2006 NIH Reform Act and distribution of funds to accomplish the plan.

**Countermeasures against Nuclear/Radiological Threats and Chemical Countermeasures**

**Research:** The NIH will continue developing nuclear and radiological medical countermeasures which prevent injury and restore damaged tissue. This includes supporting collaborative efforts with domestic for-profit and non-profit organizations, units of state and local governments, and eligible agencies of the Federal Government, such as the Armed Forces Radiobiology Research Institute (AFRRI). Ongoing initiatives include support for the Centers for Medical Countermeasures against Radiation (CMCR) which support basic, translational, and applied research leading to new medical countermeasures against radiological and nuclear exposures due to terrorist attacks.

Budget Policy: The FY 2008 budget estimate for the NIH Medical Chemical Countermeasures Research Program is \$95.310 million, a decrease of \$.720 million or .7 percent from the FY 2007 estimate. The program plans for FY 2008, along with expected accomplishments are as follows: The NIH Medical Chemical Countermeasures Research Program will continue to address the development of medical countermeasures against the leading chemical threats facing the U.S. civilian population. Special attention will be directed at promising drugs and antidotes for nerve agents, poisons such as cyanide, toxic industrial chemicals capable of causing pulmonary edema, and vesicating (blistering) agents, such as mustard gas which blisters the skin and mucous membranes on contact. Elements of the research effort include basic research addressing critical gaps in knowledge important to product development, evaluation of mechanisms of injury and host response, along with the enhancement of the repair process, and the evaluation and development of promising countermeasures.

**Director's Discretionary Fund:** The Director's Discretionary Fund (DDF) allows the NIH Director to respond quickly to new and emerging high-priority research opportunities and health priorities.

Budget Policy: The FY 2008 budget estimate for the DDF is \$10.000 million, an increase of \$.100 million or .1 percent from the FY 2007 estimate. The program plans for FY 2008, along with expected accomplishments are as follows: The DDF will continue funding projects to help uncover new knowledge that prevents, detects, diagnoses, and treats disease and disability, from the common cold to the rarest genetic disorder.

**Common Fund:** This fund, initiated in FY 2005, as the NIH Roadmap, has now taken on broader purposes and is referred to as the Common Fund. With money from the ICs and the Office of the Director, the Common Fund will provide Roadmap and future comparable trans-NIH initiatives with resources to address trans-NIH research priorities, and to help fill knowledge gaps.

Budget Policy: The budget request for FY 2008 is \$121.540 million, an increase of \$39.370 million or 47.9 percent from the FY 2007 estimate. For additional information on the Common Fund, see the NIH Overview Volume One.

**OD Operations:** OD Operations is comprised of several OD offices that provide advice to the NIH Director, policy direction to the NIH research community, and administer centralized support services essential to the NIH mission. These include the Offices of Extramural

Research, Intramural Research, Science Policy, Management, Budget, Communications and Public Liaison, Legislative Policy and Analysis, Equal Opportunity and Diversity Management, Financial Management, Disease Prevention, Human Resources, Executive Office, and NIH Chief Information Officer. Within the Office of Science Policy, the Office of Biotechnology Activities coordinates the functions of the Recombinant DNA and Gene Transfer Advisory Committee; the Secretary's Committee on Genetics, Health, and Society; and the National Science Advisory Board for Biosecurity.

Budget Policy: The FY 2008 budget estimate for OD Operations is \$107.471 million, an increase of \$1.327 million or 1.2 percent from the FY 2007 estimate. The program plans for FY 2008, along with expected accomplishments are as follows: This request is to support payroll growth to include the pay raise and will support the mandated use of the Departmental Contract Information System (DCIS) and the Acquisition Balanced Scorecard (ABS) managed by the Office of Acquisition Management and Policy, and to provide funding associated with the Clinical Research Policy and Analysis Coordination (CRpac) and the Public Private Partnerships (PPP) initiatives currently managed by the Office of Science Policy and funded with NIH Roadmap dollars. Funding will also be used to support requirements that would lessen agency vulnerability and provide for necessary staffing growth to accommodate new and expanded initiatives, and will be used to support the following: establishment of OD Crisis Management Center, expansion of the Risk Management and Internal Controls Program, the Information Technology (IT) Asset Lifecycle Management Program and replacement of OD IT Infrastructure [Hosting and Networking].

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Budget Authority by Object

	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
Total compensable workyears:			
Full-time employment	630	638	8
Full-time equivalent of overtime & holiday hours	4	4	0
Average ES salary	\$158,590	\$163,348	\$4,758
Average GM/GS grade	12.2	12.2	0.0
Average GM/GS salary	\$92,521	\$95,262	\$2,741
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$104,568	\$107,705	\$3,137
Average salary of ungraded positions	151,049	155,581	4,532
OBJECT CLASSES	FY 2006 Appropriation	FY 2007 Estimate	Increase or Decrease
Personnel Compensation:			
11.1 Full-Time Permanent	\$49,094,000	\$51,324,000	\$2,230,000
11.3 Other than Full-Time Permanent	5,287,000	5,446,000	159,000
11.5 Other Personnel Compensation	1,989,000	2,049,000	60,000
11.7 Military Personnel	1,302,000	1,341,000	39,000
11.8 Special Personnel Services Payments	865,000	895,000	30,000
<b>Total, Personnel Compensation</b>	<b>58,537,000</b>	<b>61,055,000</b>	<b>2,518,000</b>
12.0 Personnel Benefits	18,702,000	19,554,000	852,000
12.2 Military Personnel Benefits	521,000	537,000	16,000
13.0 Benefits for Former Personnel	0	0	0
<b>Subtotal, Pay Costs</b>	<b>77,760,000</b>	<b>81,146,000</b>	<b>3,386,000</b>
21.0 Travel & Transportation of Persons	1,875,000	1,875,000	0
22.0 Transportation of Things	150,000	150,000	0
23.1 Rental Payments to GSA	10,000	10,000	0
23.2 Rental Payments to Others	350,000	350,000	0
23.3 Communications, Utilities & Miscellaneous Charges	1,150,000	1,127,000	-23,000
24.0 Printing & Reproduction	1,300,000	1,300,000	0
25.1 Consulting Services	3,350,000	3,350,000	0
25.2 Other Services	39,410,000	39,051,000	-359,000
25.3 Purchase of Goods & Services from Government Accounts	41,300,000	40,838,000	-462,000
25.4 Operation & Maintenance of Facilities	3,150,000	3,150,000	0
25.5 Research & Development Contracts	15,500,000	14,500,000	-1,000,000
25.6 Medical Care	0	0	0
25.7 Operation & Maintenance of Equipment	2,300,000	2,300,000	0
25.8 Subsistence & Support of Persons	0	0	0
<b>25.0 Subtotal, Other Contractual Services</b>	<b>105,010,000</b>	<b>103,189,000</b>	<b>-1,821,000</b>
26.0 Supplies & Materials	2,400,000	2,350,000	-50,000
31.0 Equipment	4,000,000	3,950,000	-50,000
32.0 Land and Structures	0	0	0
33.0 Investments & Loans	0	0	0
41.0 Grants, Subsidies & Contributions	202,475,000	200,075,000	-2,400,000
42.0 Insurance Claims & Indemnities	0	0	0
43.0 Interest & Dividends	0	0	0
44.0 Refunds	0	0	0
<b>Subtotal, Non-Pay Costs</b>	<b>318,720,000</b>	<b>314,376,000</b>	<b>-4,344,000</b>
<b>NIH Roadmap for Medical Research</b>	<b>82,170,000</b>	<b>121,540,000</b>	<b>39,370,000</b>
<b>Total Budget Authority by Object</b>	<b>478,650,000</b>	<b>517,062,000</b>	<b>38,412,000</b>

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

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**Salaries and Expenses**

OBJECT CLASSES	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
<b>Personnel Compensation:</b>			
Full-Time Permanent (11.1)	\$49,094,000	\$51,324,000	\$2,230,000
Other Than Full-Time Permanent (11.3)	5,287,000	5,446,000	159,000
Other Personnel Compensation (11.5)	1,989,000	2,049,000	60,000
Military Personnel (11.7)	1,302,000	1,341,000	39,000
Special Personnel Services Payments (11.8)	865,000	895,000	30,000
<b>Total Personnel Compensation (11.9)</b>	<b>58,537,000</b>	<b>61,055,000</b>	<b>2,518,000</b>
Civilian Personnel Benefits (12.1)	18,702,000	19,554,000	852,000
Military Personnel Benefits (12.2)	521,000	537,000	
Benefits to Former Personnel (13.0)	0	0	0
<b>Subtotal, Pay Costs</b>	<b>77,760,000</b>	<b>81,146,000</b>	<b>3,386,000</b>
Travel (21.0)	1,875,000	1,875,000	0
Transportation of Things (22.0)	150,000	150,000	0
Rental Payments to Others (23.2)	350,000	350,000	0
Communications, Utilities and Miscellaneous Charges (23.3)	1,150,000	1,127,000	-23,000
Printing and Reproduction (24.0)	1,300,000	1,300,000	0
<b>Other Contractual Services:</b>			
Advisory and Assistance Services (25.1)	3,350,000	3,350,000	0
Other Services (25.2)	39,410,000	39,051,000	-359,000
Purchases from Govt. Accounts (25.3)	41,300,000	40,838,000	-462,000
Operation & Maintenance of Facilities (25.4)	3,150,000	3,150,000	0
Operation & Maintenance of Equipment (25.7)	2,300,000	2,300,000	0
Subsistence & Support of Persons (25.8)	0	0	0
<b>Subtotal Other Contractual Services</b>	<b>89,510,000</b>	<b>88,689,000</b>	<b>-821,000</b>
Supplies and Materials (26.0)	2,400,000	2,350,000	-50,000
<b>Subtotal, Non-Pay Costs</b>	<b>96,735,000</b>	<b>95,841,000</b>	<b>-894,000</b>
<b>Total, Administrative Costs</b>	<b>174,495,000</b>	<b>176,987,000</b>	<b>2,492,000</b>

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**Authorizing Legislation**

	PHS Act/ Other Citation	U.S. Code Citation	2007 Amount Authorized	FY 2007 Continuing Res.	2008 Amount Authorized	FY 2008 Budget Estimate
Research and Investigation	Section 301	42§241	Indefinite		Indefinite	
Office of the Director	Section 402(a)	P.L.109-482	Indefinite	\$478,650,000	Indefinite	\$517,062,000
<b>Total, Budget Authority</b>				<b>478,650,000</b>		<b>517,062,000</b>

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**Appropriations History**

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation <u>1/</u>
1999	212,309,000 <u>2/ 3/</u>	254,145,000	302,947,000	306,559,000
Rescission				-170,000
2000	218,153,000 <u>2/</u>	270,383,000	299,504,000	283,509,000
Rescission				-1,509,000
2001	262,456,000 <u>2/</u>	342,307,000	352,165,000	213,581,000
Rescission				-137,000
2002	232,098,000	232,098,000	236,408,000	235,540,000
Rescission				-140,000
2003	253,859,000		257,974,000	267,974,000
Rescission				-1,742,000
2004	317,983,000	317,568,000	323,068,000	329,707,000
Rescission				-2,203,000
2005	359,645,000	359,645,000	364,100,000	361,145,000
Rescission				-3,099,000
2006	385,195,000	532,216,000	537,434,000	532,395,000
Rescission				-4,829,000
2007	667,825,000	667,825,000	687,825,000	478,650,000 <u>4/</u>
2008	517,062,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

2/ Excludes funds for HIV/AIDS research activities consolidated in the NIH Office of AIDS Research

3/ Reflects a decrease of \$643,000 for the budget amendment for Bioterrorism

4/ Annualized current rate

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**Details of Full-Time Equivalent Employment (FTEs)**

OFFICE/DIVISION	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Office of the Director	578	630	638
Total	578	630	638
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research			
FTEs supported by funds from Cooperative Research and Development Agreements	(0)	(0)	(0)
FISCAL YEAR	Average GM/GS Grade		
2004	11.7		
2005	12.3		
2006	12.2		
2007	12.2		
2008	12.2		

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**Detail of Positions**

GRADE	FY 2006 Actual	FY 207 Continuing Resolution	FY 2008 Estimate
Total, ES Positions	12	13	13
Total, ES Salary	1,854,850	2,122,843	2,186,528
GM/GS-15	93	101	106
GM/GS-14	103	113	116
GM/GS-13	143	157	160
GS-12	73	80	80
GS-11	31	34	34
GS-10	7	8	8
GS-9	37	41	41
GS-8	18	19	19
GS-7	14	16	16
GS-6	6	6	6
GS-5	8	9	9
GS-4	2	2	2
GS-3	1	1	1
GS-2	3	3	3
GS-1	0	0	0
Subtotal	539	590	601
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	1	1	1
Director Grade	1	1	1
Senior Grade	7	7	7
Full Grade	2	2	2
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	11	11	11
Ungraded	47	47	47
Total permanent positions	557	605	517
Total positions, end of year	609	661	672
Total full-time equivalent (FTE) employment, end of year	578	630	638
Average ES salary	154,571	158,590	163,348
Average GM/GS grade	90,176	92,521	95,262
Average GM/GS salary	12	12	12

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research.

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New Positions Requested

	FY 2008		
	Grade	Number	Annual Salary
Program Leader	GS-15	4	\$113,674
Health Science Administrator	GS-14	2	96,637
Health Science Administrator	GS-13	1	81,779
Program Analyst	GS-13	1	81,779
Total Requested		8	